#### File with: lowa Ethics and Campaign Disclosure Board 510 E. 12<sup>th</sup>, Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-4073

# FOR INSTRUCTIONS, SEE BACK OF FORM DISCLOSURE SUMMARY PAGE

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed

Effective May 1, 2010, all statements and reports for State PACs and State Parties must be filed electronically.

2010 OCT 15 AM 9: 15

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(Inust be same as on Statement of Organization)	
COMMITTEE NAME (Must be same as on Statement of Organization)	<del></del>
IMPORTANT: Indicate by # type of committee you are reporting for:  (1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party Subdivision Candidate (8) County Candidate (6) City Candidate (7) School Board or Other Political  11) Local Ballet Jeans	(Pour 12 mage) DISCLOS
Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political  11) Local Ballot Issue	For Office 11
CANDIDATE COMMITTEES ONLY:	For Office Use Only
	Comm. #
William C. Leunald Political Party (if applicable)	Scanned
Office Sought Republican	Computer
Office Sought  County Supervisor  Late reports are subject to possible civil and crimical examined.	I Audited
Late reports are subject to possible civil and criminal penalties. Pursuant to lowe Code	1 1
Late reports are subject to possible civil and criminal penalties. Pursuant to lowa Code sections 68B.32A(7) candidate's committee, and the chairperson, for any other type of committee, is the individual responsible for	and accurate reports.
SIGNATURE OF PERSON FILING REPORT TELEPHONE	10-12-10 DATE SIGNED
AM FILING A October 19, 2010 REPORT FOR (1) ELECTION /(2)	NON-ELECTION VEAD
	1
LIGHTECK IF AMENDMENT TO REPORT DATED	_
I Loc	al Committees, enter Date of Election
Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.  (You must continue to file reports until a DR-3 is filed.)	11-2-2010
whice the state of	nty & Local Committees, enter County in Election is held
	Dickinson
STATEMENT OF CASH ON HAND	
ASH ON HAND at the beginning of the reporting period. (Total of all funds held by the	
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For Instructions, See Back of Form
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### **CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

COMMITTEE NAME (Must t	oe same as	on Statement of Organization)	
		Supervisor (	

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
	CK THIS BOX IF NDING FORM

Reset Form

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE	PAC ID NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP	AMOUNT	√ IF FOR
RECEIVED (MM/DD/YR)	(if applicable) AND PAC CHECK NUMBER		TO CANDIDATE* (if applicable)	RECEIVED	FUND- RAISER
	ID#				INCOME
7/19/10	CK#	W.C. Leupold (self) 13515 253rd Ave	self	\$1200.00	
		Spirit Lake, Iowa 51366		l	İ
8/3/10	ID# CK#	W.C. Leupold 13515 2534 Ave	self	2,000	
· · · · · · · · · · · · · · · · · · ·	ID#	Spirit Lake, Iowa 51360			
8/16/10	CK#	John Marten 1615 Buchanan Drive	Summer Neighbor	~	
,	Olar	Ames, Ioua 50010		50.00	L
	ID#	Take & Tuli			<u> </u>
9/16/10	CK#	John & Juliana Mayne 3832 Nebraska Street Sionx City, Iona 51104	Shirttail Relation	50.00	
	ID#	7, 200 7, 200			
	· UT				
	CK#				
	ID#				
	CK#				
	ID#				
	CK#				
	ID#				
	CK#				
	ID#				
	CK#				
<u> </u>	ID#				
	СК#				
			SUB-TOTAL		

TOTAL (if last page of this schedule)

of (for Schedule A)

\$ 3.300

<sup>\*</sup> Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Reset Form

## EXPENDITURES - MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
CHEC AME	CK THIS BOX IF

COMMITTEE NAME (Mu	st be same as	on Statement of Organization)	
Leupold	For	Supervisor Comm	i Hee

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
7/27/10	CK#	Kenny Byers 110 East 5th Lake Park, Iowa 51347	Repayment for pie bought at 4-4 auction in committee's name	\$ 145.00
814110	ID# CK#	Storey Kenworthy 1612 Jackson Avenue spirit Lake, Iowa 57360	Blank computer labels	\$16.04
8/17/10	ID# CK#	Lakes Printing 1410 Ithaca Ave. Spirit Lake, Iowa 51360	Campaign letter/ mailing	\$ 803.76
8/20/10	ID# CK#	Printing Today 1823 18th Street Spirit Lake, Iona 57360	Qualifications Sheet for house to house sack	\$ 186.18
9/3/10	ID# CK#	William C. Leupold 13515 25314 Ave Spirit Lake, Iowa 57340	Repayment of Master Card bill for plastic sacks, ink pens, note pads, magnifiers	\$ 1583.36
·	ID# CK#			
	ID# CK#			
	ID# CK#			

SUB-TOTAL

\$ 2134.34

TOTAL (if last page of this schedule)

\$ 2 734.34

#### THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(i).)

Page of	Page	ge	1	of	
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MMILIEE NAME(M	ust be same as on Statement of Organization)		F LOAN
reupold	For Supervisor Committee	2	(Rev. 02/08) RECEIN
E: This schedule re	eports money loaned to the committee which is deposited in t	he committee account.	CHECK THIS BO AMENDING FORM
TI- MONETARY L	OANS RECEIVED THIS REPORTING PERIOD		
	ce of loan, such as a bank, must be shown if a third party is in	nvolved. Include loans from cand	lidate's personal funds.)
DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable	AMOUNT OF LOAN
4-29-10	William C. Leufold 13515 255th Ave Spirit Lake, Iowa 51360	Self	3,000.00
(Loans forgive	LOAN REPAYMENTS MADE THIS REPORTING PERIOD on must be reported on Schedule E In-kind Contributions.)	TOTAL (PART I)	\$ <u>3,000.00</u>
(Loans forgive	LOAN REPAYMENTS MADE <u>THIS</u> REPORTING PERIOD en must be reported on Schedule E In-kind Contributions.) NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	TOTAL (PART I)  RELATIONSHIP TO CANDIDATE* (If Applicable	AMOUNT REPAID
ATE PAID	en must be reported on Schedule E In-kind Contributions.)  NAME AND ADDRESS OF LENDER	RELATIONSHIP TO	AMOUNT REPAID
ATE PAID	en must be reported on Schedule E In-kind Contributions.)  NAME AND ADDRESS OF LENDER	RELATIONSHIP TO	AMOUNT REPAID
(Loans forgive	en must be reported on Schedule E In-kind Contributions.)  NAME AND ADDRESS OF LENDER	RELATIONSHIP TO	AMOUNT REPAID
(Loans forgive	en must be reported on Schedule E In-kind Contributions.)  NAME AND ADDRESS OF LENDER	RELATIONSHIP TO	AMOUNT REPAID
(Loans forgive	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO	AMOUNT REPAID
(Loans forgive	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)  TOTAL CASH F	RELATIONSHIP TO CANDIDATE* (If Applicable of	AMOUNT REPAID  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$
DATE PAID MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)  TOTAL CASH F	RELATIONSHIP TO CANDIDATE* (If Applicable of	AMOUNT REPAID